

Medical Student Clerkship Application

Please select what type of rotation you are interested and if you are a first-time student at NGHS or a returning student.	
<input type="checkbox"/> FIRST ROTATION AT NGHS	<input type="checkbox"/> RETURNING STUDENT
Rotation Dates:	
Type of rotation:	
If choosing other or subspecialty, please list the specifics:	

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	Date:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	ERAS # (if available):	
School Issued Email:		Primary Phone:	
Emergency Contact Name:		Emergency Contact Phone:	
USMLE scores		COMLEX scores	
Step 1		Level 1	
Step 2 CK		Level 2 CE	
Step 2 CS		Level 2 PE	
Grade you received for the specialty area you are applying for			

SCHOOL/PROGRAM CONTACT INFORMATION (OFFICIAL DESIGNATED TO RECEIVE CORRESPONDENCE/AFFILIATION AGREEMENT/EVALUATION)			
School/Program Name:	Expected Graduation Date (mm/yy):		
Coordinator First Name:	Coordinator Last Name:		
Title:	Email:		
Street Address:	City:	State:	Zip:
Business Phone:	Business Fax:		

<p>HOUSING & TRAVEL SUPPORT - Housing and travel support is not provided through the GME office. Foothills AHEC will be your contact for any housing and travel support needs.</p>
<p>For housing and travel support needs, please go to: https://www.foothillsahec.org/train</p>

TRAINING STATEMENT	
Are you aware of any limitations that would prevent you from performing the duties required for the training you are requesting?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please explain:
DISCLAIMER AND SIGNATURE	
*I certify that my answers are true and complete to the best of my knowledge. If this application is approved, the Northeast Georgia Health System GME office will send a MedHub onboarding packet and request additional documentation. I understand that I am responsible for submitting all required documentation and completing the online MedHub onboarding packet two weeks prior to the rotation start date.	
Signature of medical student	
**I certify that I understand that if approved for a rotation at NGHS, I am not guaranteed to be selected for an interview.	
Signature of medical student	

Please attach your CV, personal statement, and unofficial transcript from your Registrar's office:

In your personal statement, please include your reasons for wanting to train at Northeast Georgia Medical Center. State your rotation goals and your future in medicine.

Email all documentation to:

Melissa Drury, GME Student Coordinator

Email: medicalstudent@nghs.com